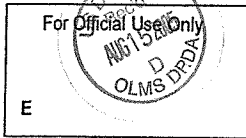


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.




READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7049</u>	2. Fiscal Year Covered From: / /2004 Through: 8 /15 /05
3. Name and address of person filing. Name Daniel L. Forbis P.O. Box, Bldg., Room No., if any Street 7017 Irewick Way City Louisville State Kentucky ZIP Code + 4 40272-3839	4. Name, file number, and address of labor organization. Name Indiana/Kentucky Regional Council of Carpenters Labor Organization File Number Unknown <u>013460</u> P.O. Box, Building and Room Number, if any Street 4017 Dixie Highway City Louisville State Kentucky ZIP Code + 4 40216
5. Position in labor organization. Representative and Labor Trustee Health & Welfare Funds	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>8/9/05</u> Date	<u>(502) 448-3270</u> Telephone Number

Name of Person Filing	Daniel L. Forbis	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Indiana/Kentucky Regional
Council of Carpenters

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4017 Dixie Highway

City Louisville

State Kentucky ZIP Code + 4 40216

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Kentucky State District Council
of Carpenters Health & Welfare

Trade Name, if any: Fund

P.O. Box, Bldg., Room No., if any

Street 3608 Dixie Highway

City Louisville

State Kentucky ZIP Code + 4 40216

11.a. Nature of such dealing.

Attended Department of Labor
required Trustee Conference
and Training, fiduciary
liability requirement.

11.b. Approximate dollar value of such dealing. \$860.30

12.a. Nature of interest held or income received.

None - monies advanced, unused
returned to Health & Welfare Fund.

12.b. Amount. \$860.30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

**EXPENSE REPORT
FOR THE LABOR TRUSTEES
FOR YEAR 2004
JANUARY TO DECEMBER**

<u>Trustee Expense Voucher</u>							
Descriptions		Total Amt For Reimb (\$)-2500	Air Fare	Hotel	Meals	Public Trans.	Porter- Bellmen
FORBIS, DAN 2004 January February March April May June July August September October November December							
	IFEBP- Conference in New Orleans November 29 to December 4	\$860.30	(\$312.90)	(\$1,072.80)	(\$144.00)	(\$97.00)	(\$13.00)

The actually amount reimb to Trustee
Total Expenses \$860.30